

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKRECEIVED
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2016 JUN 6 AM 9:31

16CV 4189

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

John Doe

NYPD

City of N.Y.

BILL DE BLASIO - Mayor

City of New York

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: Yes No
(check one)(In the space above enter the full name(s) of the defendant(s). If you
cannot fit the names of all of the defendants in the space provided,
please write "see attached" in the space above and attach an
additional sheet of paper with the full list of names. The names
listed in the above caption must be identical to those contained in
Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

Jumel Lloyd

980-15-08979/ [REDACTED]

A.M.K.C.

18-18 Hazen St.

East Elmhurst, N.Y. 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name New York City

Where Currently Employed

Address

Shield #

Defendant No. 2

Name NYPD Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3

Name Bill De Blasio Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4

Name John Doe Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5

Name Detective # Nash Shield # _____
 Where Currently Employed 48 NYPD PRE CINT
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

outSide occurrences of Being victim of assassination
Attempt with ~~multiple~~ multiple injuries of permanent nature.

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

November 25th, 2015 approx. 8:00 pm

D. **Facts:** On November 25, 2015 at approximately 8:10 p.m. Defendant John Doe discharged a firearm hitting me in my leg, after stabbing me twice in my chest (once), and my ribs (once). Employees of the N.Y.P.D. - Detective Nash observed the incident, did nothing to stop the assault, and then failed to apprehend John Doe.

This assault in The Bronx, N.Y. on Elsmere Place in the vicinity of N.Y.P.D. 148th Precinct. This violated my 5th, 8th, and 14th Amendments to the U.S. Constitution, as well as the 13 Amendment, in as much as it constrained me in wounded state in a hospital with cuffs while suffering life-threatening injuries and painful wounds.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Fractured femur in the leg on my left side. This resulted in a rod and screws being implanted in this same leg. And a punctured lung on the left side. That caused extensive pain and suffering and discomfort, which will remain of permanent nature, requiring further and constant care, anti-infection procedures, as well as continued medical intake.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No X

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

N/A

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes _____ No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know _____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed.

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Defendant Detective Nash in an attempt to cover up his remissness of duty arrested me under false pretenses for failure to appear in court, when I had no open cases. This is blatant disregard of standard US constitutional safeguards and in contravention to my citizen's rights. Furthermore, it is professional misconduct similar to disgraced NYPD Det. Tomis Scangella.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

\$ 15,000,000.00 for pain and suffering.
\$ 20,000,000.00 for ongoing medical expenses
\$ 20,000,000.00 for punitive damages
\$ 55,000,000.00 in total damages due to permanency of injuries and possible health complications involved.

I am detained at same D.O.C. location where two of five are also housed who jumped & stabbed me in an attempted robbery, bringing my life to further peril threats and possible future assaults.
It is a big oversight by the authorities for having housed / detained my at Rikers Island Detention Center.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No X

On
these
claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit: *N/A*

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6 day of May, 2016

Signature of Plaintiff

Inmate Number

Institution Address



Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 6 day of May, 2016, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:


